

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # A18202

1. Name of Limited Partnership

R & R Ltd.

2. Principal Office Address - No P.O. Box #

105 East Robinson Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Zip

32801

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Robert P. Miller

Street Address (P.O. Box Number is Not Acceptable)

105 East Robinson Street

Suite, Apt. #, Etc.

Suite 300

City

Orlando

FL

Zip Code
32801

4. Date Formed or Registered To Do Business in Florida **11/01/1984**

5. FSI Number

59-2464434

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

E-mail Address:

rpmfla@yahoo.com

E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) /s/ ROBERT P. MILLER
(REGISTERED AGENT MUST SIGN)

DATE 11/6/2012

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Palmetto Partnership Inc.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**105 East Robinson Street
Suite 300**

City, State and Zip Code

Orlando, Florida 32801

10a. Registration Document Number

P98000080513

REINSTATEMENT

300183563913
11/14/12--01002--013 **2000.00

2001-2012

300183563913
07/22/10--01036--011 **10000.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

DATE

11/6/12

Typed or Printed Name of General Partner Signing Form

Robert P. Miller, President

Telephone Number

407 257-1749